Pan American Health Organization

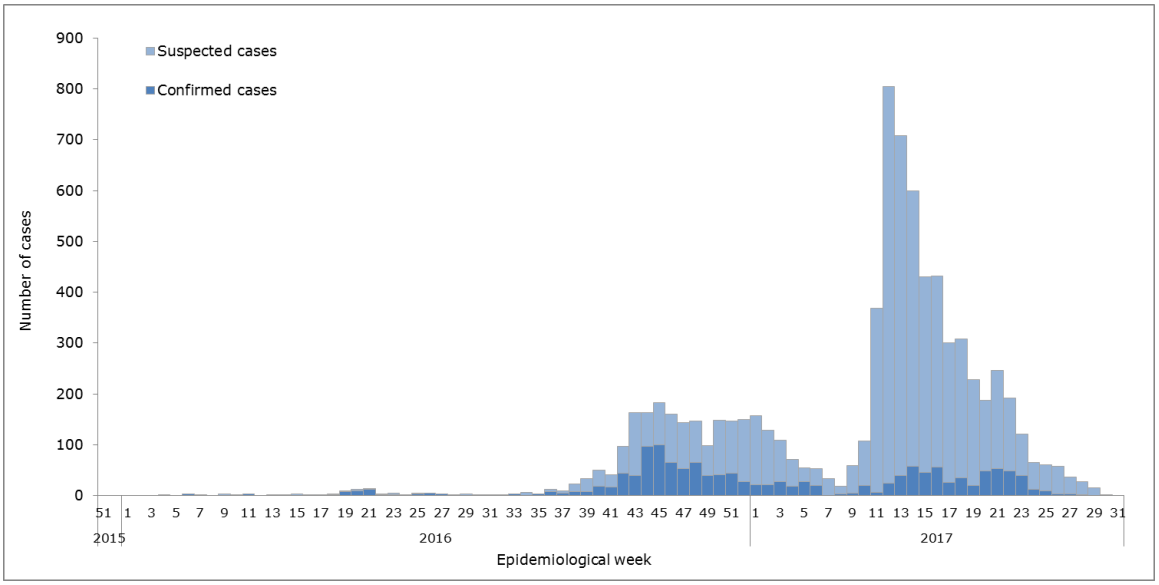
World Health Organization
REGIONAL OFFICE FOR THE Americas

Zika-Epidemiological Report

Peru

25 September 2017

Figure 1. Suspected and confirmed Zika cases by epidemiological week (EW). Peru. EW 51 of 2015 to EW 31 of 2017.



Source: Data provided by the Peru Ministry of Health and reproduced by PAHO/WHO[1,2]

FIRST AUTOCHTHONOUS VECTOR-BORNE CASES

In epidemiological week (EW) 17 of 2016, the Peru International Health Regulations (IHR) National Focal Point (NFP) notified PAHO/WHO of the detection of the first case of autochthonous vector-borne transmission of Zika.

GEOGRAPHIC DISTRIBUTION

Between EW 1 of 2016 and epidemiological week (EW) 31 of 2017, suspected autochthonous Zika cases have been reported in 11 of Peru's 25 departments: Amazonas, Cajamarca, Ica, La Libertad, Lambayeque, Lima, Loreto, Piura, San Martin, Tumbes, and Ucayali.[3] Of these, Amazonas, Lambayeque, La Libertad, and Piura are the only departments which did not report any confirmed autochthonous Zika cases in 2016. The cases reported in Lima include one sexually transmitted case (the only autochthonous case reported in Lima in 2016).[3] Of the total cases reported in Peru in 2017, 11% were laboratory-confirmed.[2]

[1] Reported to PAHO/WHO from Peru International Health Regulation (IHR) National Focal Point (NFP) on 28 August 2017
[2] Peru Ministry of Health. National Center for Epidemiology, Prevention and Diseases Control. Situation Room of Health - Zika. EW 33 of 2017. Available at: http://www.dge.gob.pe/portal/docs/vigilancia/sala/2017/SE33/zika.pdf
[3] Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Situation of Zika in Peru. 27 July 2016. Peru IHR NFP communication to PAHO/WHO.

Suggested citation: Pan American Health Organization / World Health Organization. Zika - Epidemiological Report Peru. September 2017. Washington, D.C.: PAHO/WHO; 2017

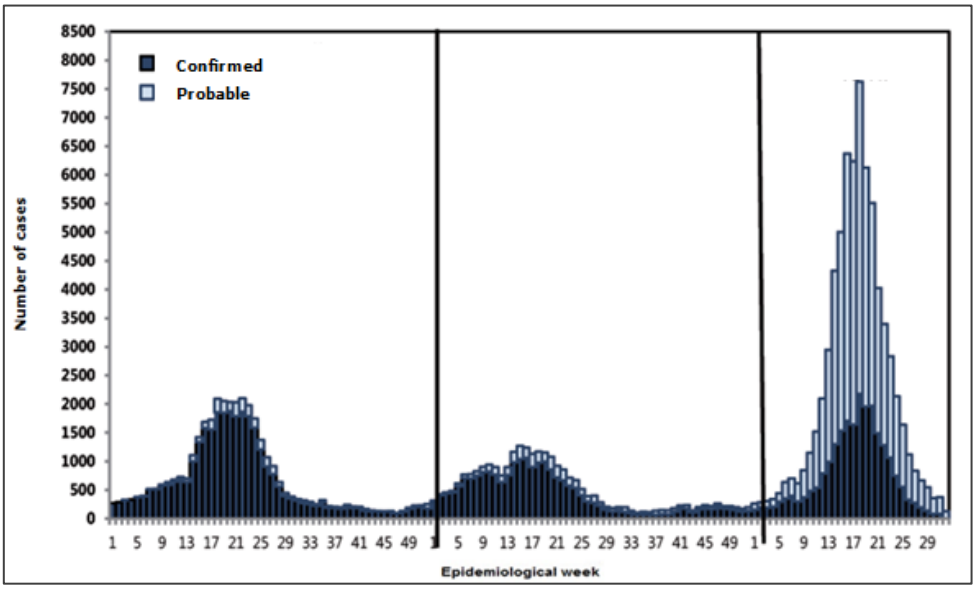
TREND

From EW 4 to EW 37 of 2016, low numbers of Zika cases were reported in Peru (**Figure 1**).[2] From EW 38 onwards, the number of cases began to increase due to an outbreak in the city of Iquitos, Loreto Region, with a first peak being reported in EW 45.[4] A new, more pronounced peak was observed in EW 14 of 2017, with more than 800 cases being registered. This new increase of cases was related to an outbreak in the city of Ica, Chincha Province. Since then, cases have progressively declined.

CIRCULATION OF OTHER ARBOVIRUSES

In Peru, between EW 1 and EW 32 of 2017, a total of 71,447 confirmed and probable dengue cases have been reported, representing approximately three times the number of cases compared with the same period in 2016 (n=22,823 cases) (**Figure 2**).[4] During 2017, the trend of the incidence of dengue cases is similar to that observed for Zika and chikungunya cases. About 33% of the cases (n=23,776) reported in 2017 have been laboratory-confirmed, while 67% of the cases (n=47,671) have been classified as probable. This year, the cumulative incidence rate is 224.5 cases per 100,000 population. In 2017, the majority of the cases (90%, n=64,318) have been reported in five departments: Ancash, Ica, La Libertad, Piura, and Tumbes.

Figure 2. Probable and confirmed dengue cases by EW. Peru. 2015 – 2017 (as of EW 32).



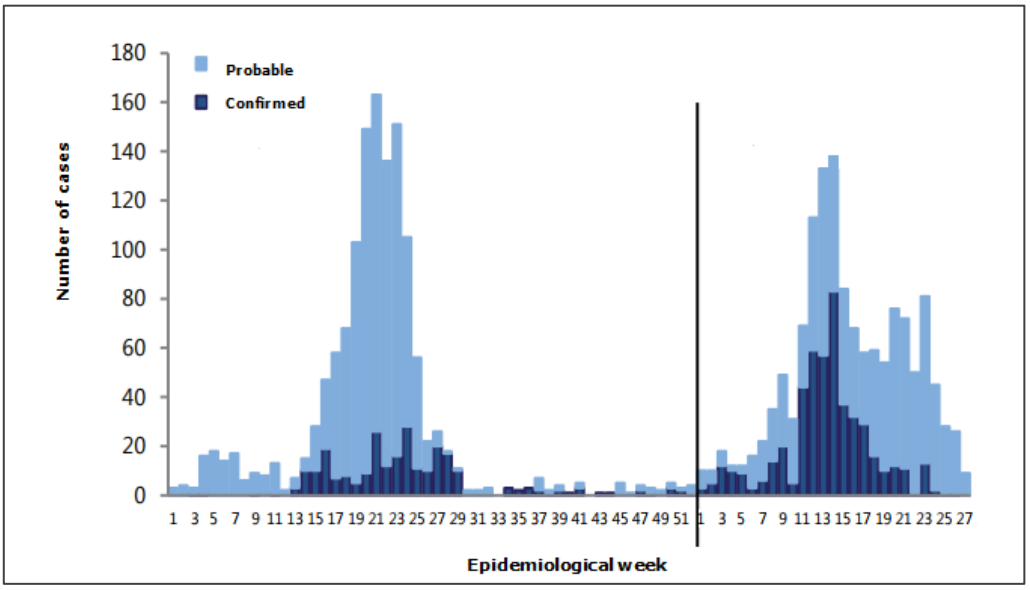
Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO[5]

In Peru, the first autochthonous chikungunya case was reported in EW 25 of 2015 in the Tumbes department.[5] During the same year, 219 cases were reported. In 2016, a total of 1,339 cases were reported. In 2017, as of EW 27, a total of 1,378 cases have been reported, of which 36% (n=495) have been laboratory-confirmed (**Figure 3**). In 2017, the cumulative incidence rate is 4 cases per

[4] Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Peru epidemiological bulletin, Peru. EW 32 of 2017. Available at: http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2017/32.pdf
[5] Peru Ministry of Health. National Center for epidemiology, prevention and control of diseases. Peru epidemiological bulletin, Peru. EW 27 of 2017. Available at: http://www.dge.gob.pe/portal/docs/vigilancia/boletines/2017/27.pdf

100,000 population. This year, the majority of the cases (93.0%, n=1,284) have been reported in two departments: Piura and Tumbes.

Figure 3. Probable and confirmed chikungunya cases by EW. Peru. 2016 – 2017 (as of EW 27).



Source: Data published by Peru Ministry of Health and reproduced by PAHO/WHO[6]

ZIKA VIRUS DISEASE IN PREGNANT WOMEN

Between 2016 and EW 33 of 2017, a total of 279 confirmed cases of Zika virus infection in pregnant women have been reported by Peru health authorities: 187 in 2017 and 92 in 2016.[5] Among these, 108 completed pregnancies and six abortions were reported. Samples were collected from 62 of the 108 newborns: one tested positive for Zika, 58 tested negative and results are pending for three newborns. The newborn which tested positive for Zika does not have microcephaly. Samples were not taken from the remaining newborns.

ZIKA COMPLICATIONS

ZIKA-VIRUS-ASSOCIATED GUILLAIN-BARRÉ SYNDROME (GBS)

As of EW 35 of 2017, no cases of Zika-virus-associated Guillain-Barré syndrome (GBS) or other neurological syndromes have been reported by Peru health authorities to PAHO/WHO.

CONGENITAL SYNDROME ASSOCIATED WITH ZIKA VIRUS INFECTION

As of EW 35 of 2017, no cases of congenital syndrome associated with Zika virus infection have been reported by Peru health authorities to PAHO/WHO.

DEATHS AMONG ZIKA CASES

As of EW 35 of 2017, no deaths among Zika cases have been reported by Peru health authorities to PAHO/WHO.

NATIONAL ZIKA SURVEILLANCE GUIDELINES

In Peru, the National Epidemiology Center, Disease Prevention and Control at the Ministry of Health performs Zika virus surveillance:

- Surveillance based on case definitions is implemented in all health facilities in the country;
- Sentinel surveillance of chikungunya and Zika virus for the early detection of autochthonous transmission is implemented in 12 health facilities in nine Departments, in coordination with the National Institute of Health (INS).

As of EW 20 of 2016, the Peru National Epidemiology Center, Disease Prevention and Control, together with the INS and other agencies, developed the emergency protocol "Monitoring of Microcephaly", which was approved via the vice-ministerial Resolution No. RVM 014-2016-SA. The protocol is available at:

http://www.dge.gob.pe/portal/docs/tools/zika/R014-2016-SA.PDF

LABORATORY CAPACITY

Laboratory confirmation of suspected cases of Zika virus is performed by molecular detection (real time RT-PCR) and serology (ELISA IgM detection) by the *Laboratorio de Metaxénicas* of the National Institute of Health at Ministry of Health of Peru.

INFORMATION-SHARING

Information on the first confirmed cases was provided by the Peru IHR NFP to PAHO/WHO in EW 31 of 2016. Updated information is regularly shared by the Peru IHR NFP. At the time of this report, the latest information shared by the Peru IHR NFP with PAHO/WHO was from EW 31 of 2017. In addition, the Peru Ministry of Health publishes an epidemiological bulletin and a situation room report on a weekly basis through its website. At the time of this report, the latest published epidemiological bulletin available was from EW 32 of 2017 and the latest published situation room report available was from EW 33 of 2017.